

DMV IRP 001		SCHEDULE A		ORIGINAL APPLICATION												MAILING ADDRESS: WEST VIRGINIA DIVISION OF MOTOR VEHICLES MOTOR CARRIER SERVICES 5707 MacCORKLE AVE SE, PO BOX 17900 CHARLESTON, WV 25317				PHONE: (304)926-3905 (304)926-0799 FAX: (304)926-0797												
1	ACCOUNT NUMBER		FLEET NUMBER		SUPPLEMENTAL NUMBER		LICENSE YEAR		CLUB/LICENSE SERVICE USE ONLY										2								CODE KEY					
									CLUB/LICENSE SERVICE NAME																							
	NAME OF REGISTRANT								AGENT				TELEPHONE				CARRIER CONTACT INFORMATION (NOT FOR CLUB/LICENSE SERVICE USE)															
	DOING BUSINESS AS								MAILING ADDRESS				REGISTRANT TELEPHONE NUMBER: ( ) - EXT:																			
PHYSICAL LOCATION No Rural Routes or P.O. Box								CITY				STATE		ZIP CODE		NAME OF CONTACT				*TYPE OF OPERATION EX - EXEMPT HH - HAUL FOR HIRE PC - PRIVATE CARRIER				*TYPE OF VEHICLE TT - TRUCK TRACTOR TR - TRACTOR TK - TRUCK RT - ROAD TRACTOR DT - DUMP TRUCK ST - SEMI TRAILER FT - FULL TRAILER CG - CONVERTER GEAR DB - DOUBLE BOTTOM BS - BUS								
								MAILING ADDRESS				ADDRESS																				
																CITY												STATE				
DOT #								F.E.I.N.				ZIP CODE				COUNTY		CITY				STATE		ZIP CODE				COUNTY				
3	FLEET RECORD INFORMATION:				PRIMARY PURPOSE OF FLEET:				DATE FIRST OPERATED AS A FLEET				NUMBER OF REGISTRATION MONTHS				** FUEL TYPE															
	TYPE OF OPERATION: (SEE KEY CODE)								MO. DAY YEAR								D-DIESEL, P-PROPANE, G-GASOLINE, O-OTHER															
4	UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AND THE WEIGHTS LISTED BELOW. EXCEPTIONS ON ANY JURISDICTIONS/WEIGHTS MUST BE GROUPED ON SEPARATE PAGES.														GROUP NUMBER		ALBERTA AB		ALASKA AK		ALABAMA AL		ARKANSAS AR		ARIZONA AZ		BRITISH COLUMBIA BC					
	CALIFORNIA CA		COLORADO CO		CONNECTICUT CT		DIST. OF COL. DC		DELAWARE DE		FLORIDA FL		GEORGIA GA		HAWAII HI		IOWA IA		IDAHO ID													
ILLINOIS IL		INDIANA IN		KANSAS KS		KENTUCKY KY		LOUISIANA LA		MASSACHUSETTS MA		MANITOBA MB		MARYLAND MD		MAINE ME		MICHIGAN MI														
MINNESOTA MN		MISSOURI MO		MISSISSIPPI MS		MONTANA MT		MEXICO MX		NEW BRUNSWICK NB		NORTH CAROLINA NC		NORTH DAKOTA ND		NEBRASKA NE		NEWFOUNDLAND NL														
NEW HAMPSHIRE NH		NEW JERSEY NJ		NEW MEXICO NM		NOVA SCOTIA NS		NW TERRITORY NT		NANAVUT NU		NEVADA NV		NEW YORK NY		OHIO OH		OKLAHOMA OK														
ONTARIO ON		OREGON OR		PENNSYLVANIA PA		P. E. ISLAND PE		QUEBEC QC		RHODE ISLAND RI		SOUTH CAROLINA SC		SOUTH DAKOTA SD		SASKATCHEWAN SK		TENNESSEE TN														
TEXAS TX		UTAH UT		VIRGINIA VA		VERMONT VT		WASHINGTON WA		WISCONSIN WI		WEST VIRGINIA WV		WYOMING WY		YUKON YT																
5	1 EQUIP. NO.		2 VEHICLE IDENTIFICATION NUMBER				3 YEAR		4 MAKE		5 **VEH. TYPE		6 AXLES SEATS		7 ***FUEL TYPE		8 EMPTY WGHT.		9 GROSS WEIGHT		10 PURCHASE PRICE		11 FACTORY PRICE		12 TITLE DATE MO/DAY/YR		13 LEASE DATE MO/DAY/YR		14 PLATE NUMBER			
FIRST UNIT	15 OWNER >						16 OWN/ LEASE >		17 LEASE TAX PAYER ID NUMBER >				18 DOT NUMBER >		19 TITLE NUMBER >		20 WILL SAFETY RESPONSIBILITY FOR THIS VEHICLE CHANGE DURING THE REGISTRATION YEAR? Y N				21 Date VEH first added to fleet > mo/day/yr											
SECOND UNIT	15 OWNER >						16 OWN/ LEASE >		17 LEASE TAX PAYER ID NUMBER >				18 DOT NUMBER >		19 TITLE NUMBER >		20 WILL SAFETY RESPONSIBILITY FOR THIS VEHICLE CHANGE DURING THE REGISTRATION YEAR? Y N				21 Date VEH first added to fleet > mo/day/yr											
THIRD UNIT	15 OWNER >						16 OWN/ LEASE >		17 LEASE TAX PAYER ID NUMBER >				18 DOT NUMBER >		19 TITLE NUMBER >		20 WILL SAFETY RESPONSIBILITY FOR THIS VEHICLE CHANGE DURING THE REGISTRATION YEAR? Y N				21 Date VEH first added to fleet > mo/day/yr											
FOURTH UNIT	15 OWNER >						16 OWN/ LEASE >		17 LEASE TAX PAYER ID NUMBER >				18 DOT NUMBER >		19 TITLE NUMBER >		20 WILL SAFETY RESPONSIBILITY FOR THIS VEHICLE CHANGE DURING THE REGISTRATION YEAR? Y N				21 Date VEH first added to fleet > mo/day/yr											
FIFTH UNIT	15 OWNER >						16 OWN/ LEASE >		17 LEASE TAX PAYER ID NUMBER >				18 DOT NUMBER >		19 TITLE NUMBER >		20 WILL SAFETY RESPONSIBILITY FOR THIS VEHICLE CHANGE DURING THE REGISTRATION YEAR? Y N				21 Date VEH first added to fleet > mo/day/yr											
IF LONG TERM LEASING (31 DAYS OR MORE) TO A MOTOR CARRIER PLACE LESSEE TIN # IN COLUMN 17 AND LESSEE DOT # IN COLUMN 18. ALSO SUBMIT A COPY OF THE LEASE AGREEMENT.																																
6	I HEREBY STATE, UNDER PENALTY OF FALSE SWEARING AND PENALTIES OUTLINED IN CHAPTERS 17A AND 17D THAT THERE IS IN EFFECT A MOTOR VEHICLE LIABILITY POLICY UPON THE DESCRIBED VEHICLES IN ACCORDANCE WITH THE PROVISIONS OF THE WEST VIRGINIA MOTOR VEHICLE CODE. I HEREBY CLAIM THAT I AM KNOWLEDGEABLE OF THE MOTOR CARRIER SAFETY REGULATIONS AND HAZARDOUS MATERIAL REGULATIONS.																															
	AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____															INSURANCE COMPANY NAME _____																
INSURANCE POLICY STARTING DATE _____ ENDING DATE _____															INSURANCE AGENT _____ POLICY NUMBER _____																	